



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Vickie Stanski

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Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21659246
Outpatient Patient Service Revenue	\$88140713
Total Gross Patient Service Revenue	\$109799959

2. Deductions From Revenue

Contractual Allowance	\$65264819
Other Deductions	\$1989413
Total Deductions	\$67254232

3. Total Operating Revenue

Net Patient Service Revenue	\$42545727
Other Operating Revenue	\$1422930
Total Operating Revenue	\$43968657

4. Operating Expenses

Salaries and Wages	\$10125332	Employee Benefits	\$3205351
Depreciation and Amortization	\$1698324	Interest Expense	\$281935
Bad Debt	\$5075862	Other Expenses	\$21063801
Total Operating Expenses	\$41450605		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2518052	Total Assets	\$23719107
Net Non-operating Gains over Loss	\$-7538	Total Liabilities	\$26163135

Total Net Gains	\$2510514
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47204631	\$26749878	\$20454753
Medicaid	\$15491519	\$13339073	\$2152446
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$47103810	\$27165281	\$19938529
Total	\$109799960	\$67254232	\$42545728

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$47603	\$-47603

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$517	\$-517
Hospital Patients	\$0	\$0	\$0
Community Education	\$2730	\$96575	\$-93845

Number of Medical Professionals Trained	273
Number of Hospital Patients Educated	15503
Number of Citizens Exposed to Health Education Messages	16742

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$573845	
HCI Payments	\$0		
Subtotal	\$0	\$573845	\$-573845
Medicaid Shortfalls	\$1087991	\$2410182	
Subtotal	\$1087991	\$2984027	\$-1896036
DSH Payments	\$0		
Subtotal	\$1087991	\$2984027	\$-1896036
Medicare Shortfalls	\$7991602	\$7005717	
Other Government Programs	\$1242364	\$2168383	
Total	\$10321957	\$12158127	\$-1836170

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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